



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3366

SERIAL NUMBER 10/052,705	FILING DATE 01/16/2002 RULE	CLASS 083	GROUP ART UNIT 3724	ATTORNEY DOCKET NO. SDT 321
-----------------------------	---------------------------------------	--------------	------------------------	-----------------------------------

APPLICANTS

Stephen F. Gass, Wilsonville, OR;

David A. Fanning, Vancouver, WA;

** CONTINUING DATA *****

This application is a CIP of 09/676,190 09/29/2000
 and is a CIP of 09/929,221 08/13/2001
 and is a CIP of 09/929,226 08/13/2001 PAT 6,920,814
 and is a CIP of 09/929,227 08/13/2001
 and is a CIP of 09/929,234 08/13/2001
 and is a CIP of 09/929,235 08/13/2001
 and is a CIP of 09/929,236 08/13/2001 ABN
 and is a CIP of 09/929,237 08/13/2001
 and is a CIP of 09/929,238 08/13/2001
 and is a CIP of 09/929,240 08/13/2001
 and is a CIP of 09/929,241 08/13/2001
 and is a CIP of 09/929,242 08/13/2001
 and is a CIP of 09/929,244 08/13/2001 PAT 6,857,345
 and is a CIP of 09/929,425 08/13/2001
 and is a CIP of 09/929,426 08/13/2001
 and claims benefit of 60/270,011 02/20/2001
 and claims benefit of 60/270,941 02/22/2001
 and claims benefit of 60/270,942 02/22/2001
 and claims benefit of 60/273,177 03/02/2001
 and claims benefit of 60/273,178 03/02/2001

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/06/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	OR	13	17	3
Examiner's Signature <i>Sharon Ali</i>	Initials <i>JA</i>			

ADDRESS
27630
SD3, LLC
22409 S.W. NEWLAND ROAD
WILSONVILLE , OR
97070

TITLE
Table saw with improved safety system

<p>FILING FEE RECEIVED 370</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees								
<input type="checkbox"/> 1.16 Fees (Filing)								
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)								
<input type="checkbox"/> 1.18 Fees (Issue)								
<input type="checkbox"/> Other _____								
<input type="checkbox"/> Credit								